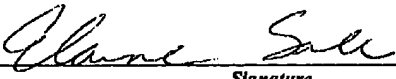
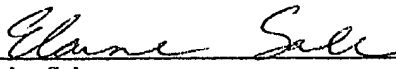


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Small Entity)					Docket No. MER011CT	
In Re Application Of: Steinman et al.						
Application No. 10/047,072	Filing Date January 15, 2002	Examiner Gerald R. Ewoldt	Customer No. 43852	Group Art Unit 1644	Confirmation No. 7452	
Invention: Method and Compositions for Obtaining Mature Dendritic Cells						
<u>COMMISSIONER FOR PATENTS:</u>						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>July 28, 2004</u> in the above-identified application. <small>Date</small>						
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> One month <input type="checkbox"/> Two months <input checked="" type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months</div><div style="display: flex; justify-content: space-between; width: 100%;"><div>from: <u>October 28, 2004</u> <small>Date</small></div><div>until: <u>January 28, 2005</u> <small>Date</small></div></div></div>						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee for the extension of time is \$510 and is to be paid as follows:						
<input type="checkbox"/> A check in the amount of the fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-3187						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 50-3187						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 <div style="text-align: center; font-size: small;"><i>Signature</i></div>			Dated: January 28, 2005			
I hereby certify that this Petition for Extension of Time is being facsimile transmitted to the United States Patent Office (703-872-9306) on January 28, 2005.						
 Elaine Sale			<div style="font-size: x-small; padding: 2px;">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="border-top: 1px solid black; text-align: center; margin-top: 5px;"><small>(Date)</small></div> <div style="border-top: 1px solid black; text-align: center; margin-top: 5px;"><small>Signature of Person Mailing Correspondence</small></div> <div style="border-top: 1px solid black; text-align: center; margin-top: 5px;"><small>Typed or Printed Name of Person Mailing Correspondence</small></div>			
CC:						

P12SMALL/REV08

JAN 28 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Steinman et al.			MER011CT
Application No. 10/047,072	Filing Date January 15, 2002	Examiner Gerald R. Ewoldt	Group Art Unit 1644
Invention: Methods and Compositions for Obtaining Mature Dendritic Cells			
<p>I hereby certify that this <u>Amendment Transmittal</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>January 28, 2005</u> (Date)</p> <p><u>Elaine Sale</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Elaine Sale</u> (Signature)</p>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

P18/REV02

Argos Therapeutics, Inc.4233 Technology Drive
Durham, NC 27704Phone: 919-287-6300
Fax: 919-287-6301**RECEIVED
CENTRAL FAX CENTER****JAN 28 2005****FACSIMILE TRANSMISSION****To:** USPTO**Fax #** 703-872-9306**Ph #****Re:** US 10/047,072 (Atty Docket: MER011CT)**From:** Elaine Sale**Pages:** 16 (Incl. cover)**Date:** Janaury 28, 2005**CC:**☐ **Urgent** ☐ **Per your request** ☐ **For review** ☐ **Please comment** ☐ **Reply requested**

- **Comments: Response to Office Action**
- Fax cover sheet (1 page)
- Amendment Transmittal Form (2 pages)
- Petition for Extension of Time (1 page)
- Amendment (9 pages)
- Certificate of Facsimile Transmission for Amendment Transmittal (1 page)
- Certificate of Facsimile Transmission for Petition for Extension of Time (1 page)
- Certificate of Facsimile Transmission for Amendment (1 page)

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Attorney Docket No.: MER011CT

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Steinman et al.
 Application No.: 10/047,072

Group Art Unit: 1644
 Confirmation No.: 7452
 Examiner: Gerald R. Ewoldt

Filed: January 15, 2002

For: *Method and Compositions for Obtaining Mature Dendritic Cells*

Date: January 28, 2005

Via Facsimile to: 703-872-9306

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 CFR §1.27.☒ No additional fee is required.☐ The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	9	20	= 0	x 25=	\$ 0	x 50=	\$ 0
Indep	1	3	= 0	x 100=	\$ 0	x 200=	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$ 0	+360=	\$ 0
				Total Add. Fee	\$ 0	OR Total	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

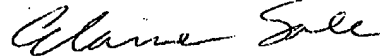
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Attorney Docket No.: MER011CT
Application No.: 10/047,072
Filed: January 15, 2002
Page 2

- ☐ Please charge my Deposit Account No. 50-3187 in the amount of \$ ____ .
- ☐ A check in the amount \$ _____ to cover _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-3187.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



Elaine Sale, Ph.D., J.D.
Registration No. 41,286

Argos Therapeutics, Inc.
4233 Technology Drive
Durham, NC 27704-2173
Tel: (919) 287-6300
Fax: (919) 287-6301

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Postal Service Patent Technology Center 1600 (Fax Number: 703-872-9306) on January 28, 2005.


Elaine Sale, Ph.D., J.D.